

Wellspring

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Fairfield, CA

The New Hospital Is Introduced On Dec. 19

The Solano County community will get its first look at the new NorthBay Medical Center during an open house on Saturday, Dec. 19, from 11 a.m. to 4 p.m.

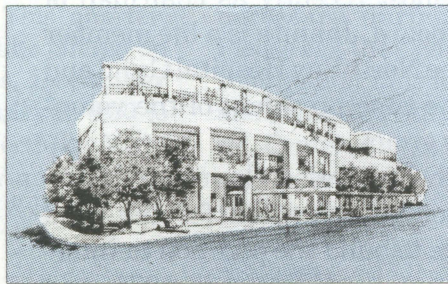
Ground was broken on the \$18 million project in April of 1991. Since then the building has grown steadily in front of the old Fairfield hospital.

The First Floor — Adobe and wood

The first floor of the 60,000 square-foot, three-story addition features a new main entrance, lobby, gift shop, a meditation room and admitting area. Lots of light, fresh air and plenty of comfortable seating will greet NorthBay Medical Center visitors as they enter the hospital. Adobe-colored tile and wood accents add to the warmth of the lobby. A main desk is the centerpiece of the first floor.

The new admitting department provides a number of vital hospital services including inpatient admissions, outpatient registration and operation of the NorthBay Medical Center communications system. Behind the main desk are private conference areas so patients and their families can discuss admitting and financial information privately with the hospital staff.

Shelled-in space on the first floor will be the site of a new emergency room as funds become available for the



additional construction and equipment that will be required.

The Second Floor — A Better Place For Babies and Moms

The second floor of the new building includes a larger Newborn Intensive Care Unit, Well Baby Nursery, Labor & Delivery Unit and Mother-Baby Unit.

The Labor & Delivery Unit features eight labor/delivery/recovery rooms (LDRs) which represent a new childbirth philosophy in upper Solano County. The

LDRs are designed for one woman and her family. She will labor, deliver and recover in the same room, and her baby will recover with her instead of being taken to the nursery. Once the mother and baby complete the recovery process (about two hours after delivery) they are both moved to a private room in the mother-baby unit. There, the

family receives individualized care and instruction for the remainder of their stay at NorthBay Medical Center.

The LDRs are about the size of a large bedroom, big enough to accommodate several support persons. The rooms are decorated like a bedroom with plenty of light, and all medical equipment is out of sight until it's needed.

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How Do You Spell "Modern?" L-D-R

Most people who have a baby are familiar with the old way of doing things. Mom goes through labor in one small room, she's moved into another room to deliver the baby, to another to recover from the delivery, then to another room to get to know her baby. That's four moves at a time when most women don't feel like moving even once.

Expectant parents in Solano County can now say goodbye to the old way and welcome to the new, thanks to the eight Labor/Delivery/Recovery rooms (LDRs) in the new NorthBay Medical Center maternity unit.

"The most significant difference in the new maternity unit are the LDRs," says Fairfield Medical Group Obstetrician Sam Santoro, DO, chairman of the NorthBay Hospital Group department of obstetrics/gynecology.

The NorthBay Medical Center LDRs look much like a bedroom, with hardwood floors, warm colors and plenty of room. They are all single rooms with private baths and ample space for family and friends to participate throughout the birth process.

"Our patients want to stay in one place during the labor and delivery; they want to have their family and friends with them," Dr. Santoro says. "Our new unit is more intimate. It's warmer, calmer and overall a happier place to have a baby."

State-of-the art equipment is kept out of sight, but

not out of mind. The LDRs are supported by some of the latest and best technology available, and by physicians and staff who are specially trained to prevent, detect and treat any problems with the mother or baby.

"NorthBay Medical Center is one of the safest places in Northern California to have a baby, and certainly the most advanced in Solano County, because of the commitment we've made to providing top-knotch maternity services," he says.

"And now with our new maternity unit and our LDRs, NorthBay Medical Center is also one of the most pleasant places in Northern California to have a baby."

Don't Miss The New NorthBay Medical Center

Community Open House
Saturday, Dec. 19, 11 a.m. to 4 p.m.
Tour the new hospital.
Meet local doctors and other
medical personnel.
Free gifts and entertainment.
For more information, call (707) 429-7789

Wellspring is the source

Wellspring is NorthBay Medical Center and VacaValley Hospital's award-winning quarterly community newsletter. Wellspring provides the latest information on current health topics.

IN THIS ISSUE

When the new NorthBay Medical Center opens this December, a new era of maternity care will begin in Solano County. In this Wellspring issue "A New Era For Moms & Babies," you'll visit the new hospital and learn the latest about having a happy and healthy baby.

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NorthBay Healthcare Foundation Honors The Tomasinis

Long-time hospital volunteers George and Juanita Tomasini were honored Nov. 7 during the first annual NorthBay Healthcare Foundation Recognition Dinner. The event took place at Rancho Solano Country Club in Fairfield.

The Tomasinis have dedicated more than 35 years to improving health care in upper Solano County and are now retiring from community service activities. An annual recognition award, the "Tomasini Award," has been established in their honor.

In 1955, George Tomasini was named chairman of a drive to raise \$400,000 to build a new, non-profit

hospital in Fairfield. His job was to coordinate the activities of about 700 volunteer fundraisers.

The 32-bed Intercommunity Memorial Hospital opened its doors in 1960 and the Tomasinis have been active supporters of hospital growth ever since. The hospital continued to grow, and in 1986 changed its name to NorthBay Medical Center, a subsidiary of the newly formed NorthBay Healthcare Corporation.

In 1987, successful fund raising efforts resulted in the opening of 50-bed VacaValley Hospital in Vacaville. And on Saturday, Dec. 12, the first phase of NorthBay Medical Center's renovation project opens.

George has been a member of the NorthBay Healthcare Corporation board of directors for 14 years, serving most recently as chairman of the board. Juanita is a life member of the NorthBay Hospital Guild and a one-time president of the volunteer group.

She was also chairman of the major gifts division for the fund drive to build the addition to Intercommunity Hospital in 1975, and served as the Guild's fund raising chairman when it pledged \$400,000 to build VacaValley Hospital.

Juanita was a member of the Guild's board of directors and its

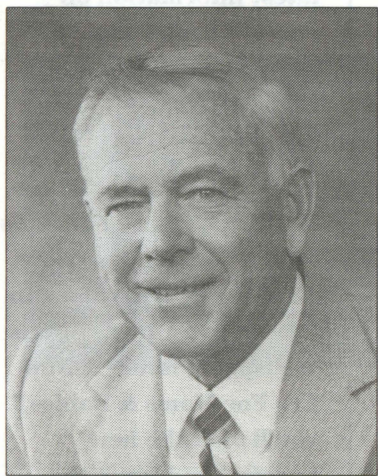
management committee from 1975 to 1991. She founded the annual Guild Golf and Tennis Tournament, and served as its general chairman from 1985 to 1991.

The Tomasini family has lived in Solano County for generations, and George is a graduate of Armijo High School and the University of the Pacific in Stockton. Juanita was born in Texas, graduated from Stephen F. Austin State University, and earned her master's degree from Louisiana State University. The couple have four children and eight grandchildren.

NorthBay Healthcare Foundation Chairman Max Rossi says the "Tomasini Award" is a fitting tribute to George and Juanita.

"The 'Tomasini Award' will be part of this community for a long-time to come, just as the contributions of the Tomasinis will be a source of strength for future Solano County generations."

Rossi thanks the many community volunteers who helped make the Tomasini Award possible, especially Dorothy Andrews who accepted leadership of the event organizing committee. "We depend on volunteer service, exemplified by the Tomasinis, to help us to provide care for everyone in the community who needs it."



George and Juanita Tomasini of Green Valley were honored by the NorthBay Healthcare Foundation for 35 years of dedication to local health care and the Solano County Community.

NICU Graduates Get An Early Peek

The new NorthBay Medical Center Newborn Intensive Care Unit will be christened by a joyful group of little people: the NICU graduates.

Friday, Dec. 18, 5 p.m., is the sixth annual NICU Anniversary Party. The party is for children who grew and recovered from prematurity and other ailments in this special unit within NorthBay Medical Center, and their families.

This year, the party will be in the new NorthBay Medical Center Newborn Intensive Care Unit, giving the graduates, their moms and dads a preview of the hospital's new capabilities.

Neonatologist David Johnson, medical director of the unit, says the Anniversary Party is an event the entire staff looks forward to.

"Seeing all 'our kids' together in the same room, happy and doing well, makes it all worthwhile. It's like a family reunion."

Dr. Johnson says many friendships rekindle at the celebration. "Our babies and their families are often in the unit for a long period of time," he says.

"The family has many questions, concerns and needs when their

babies are with us and we become like an extended family. We help each other during what can be a very stressful time, and we become very important people in each

other's lives."

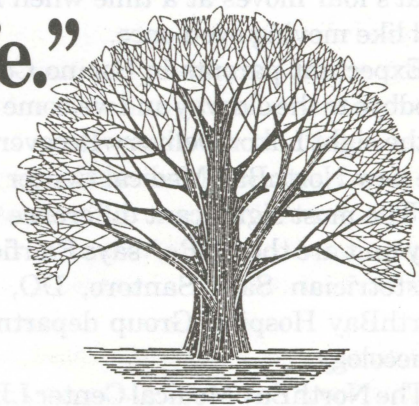
For more information about the NICU Anniversary Party, call (707) 429-7789.

New Hospital Tree Will "Light Up A Life."

The magnolia tree in front of the new NorthBay Medical Center has been dedicated as the "Hospice Tree of Memories," and the lighting of the tree celebrates the upcoming opening of the new hospital.

You can purchase a light in memory of a friend or loved one, or to honor someone who is still living. The lighting is scheduled for Saturday, Dec. 5, at 6 p.m. in front of NorthBay Medical Center, 1200 B. Gale Wilson Drive in Fairfield. You can add a light to our tree with a \$10 donation to the NorthBay Hospice.

The name of each person honored on the tree will be inscribed in the Hospice Tree of Memories Book,



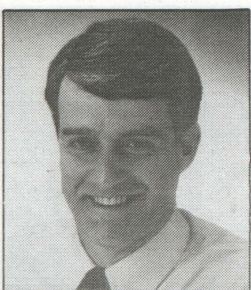
which will be on display during the hospital's grand opening through the month of January. Also, each light sponsor will receive an acknowledgment card confirming his or her gift.

For more information about the Hospice Tree of Memories, call Karen Campbell at (707) 429-7758.

Johnson And Santoro Are Physician Editors

The physician editors of this Well-spring are David Johnson, MD, and Sam Santoro, DO.

Dr. Johnson is a board-certified neonatologist, a specialist in caring for premature and ill infants, and the medical director of

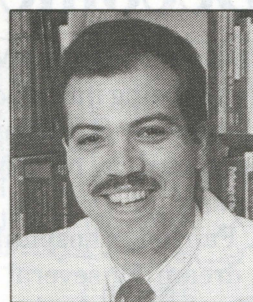


Dr. David Johnson the NorthBay Medical Center Newborn Intensive Care Unit.

He completed medical school at the University of Pittsburgh School of Medicine, internship at Malcolm Grow U.S. Air Force Medical Center in Maryland, and his residency at Wilford Hall U.S. Air Force Medical Center, Texas. Dr. Johnson has been in practice in Solano County since 1985, and is also on the medical staff at Children's Hospital in Oakland.

Dr. Santoro is a board-certified obstetrician/gynecologist with the Fairfield Medical Group and chair

of the NorthBay Hospital Group Department of Obstetrics and Gynecology. He completed medical school at the Chicago Osteopathic Medical School and his residency at David Grant Medical Center. Dr.



Dr. Sam Santoro

Santoro has practiced in Solano County since 1987. ■

Sixth Annual Wine & Food Jubilee To Benefit Hospice

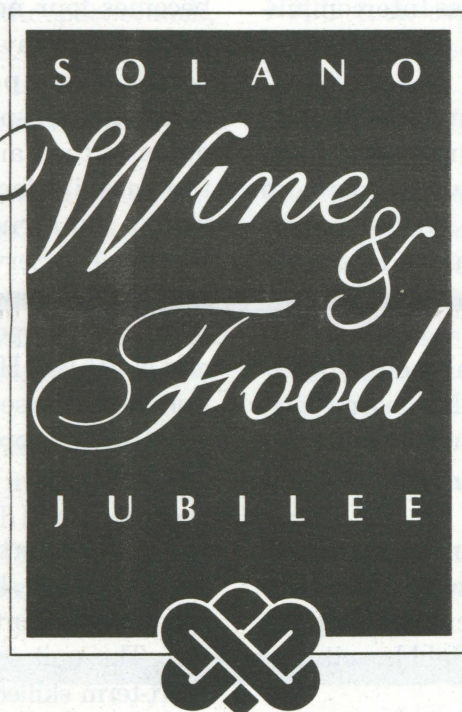
Here's your chance to sample fine wine and gourmet food and support the NorthBay Hospice at the same time. The Sixth Annual Solano Wine & Food Jubilee is set for Friday, February 5, 1993, at 6:30 p.m.

The site for the 1993 Jubilee is the new Herman Goelitz Candy Company building located at 2400 North Watney Way in Fairfield. The ticket price of \$25 (in advance) includes an evening of wine tasting, good food, musical entertainment and a commemorative wine glass.

A silent auction offers bidders the chance to obtain special wines often not available in retail shops,

as well as other tantalizing items.

The 1992 Jubilee featured 32 wineries and 20 restaurants, and this year's event promises to be bigger and better than ever. A wide array of fine wines will be provided by Solano, Napa and Sonoma County wineries. A variety of savory morsels and delectable desserts will be prepared by some of our area's most popular restaurants and caterers.



Most importantly, proceeds from the Solano Wine & Food Jubilee benefit the NorthBay Hospice. Hospice is a program of care for terminally ill people, their families and friends. Patients and their families are not

charged for NorthBay Hospice services. Therefore, the program depends on strong financial and volunteer support from the community.

Last year's Solano Wine and Food Jubilee raised \$12,500 for the Hospice program.

Jubilee tickets are limited, so make plans early to attend this popular event. A sell-out is expected. You can purchase tickets for \$25 in advance, or \$35 at the door, if still available. You must be at least 21 years of age to attend.

For more information about the Solano Wine and Food Jubilee, call the NorthBay Healthcare Foundation at 707/429-7791. ■

Thanks, Donors. We Couldn't Have Done It Without You

The New Hospital Fund Campaign, a fund raising drive began in early 1991 to equip the new NorthBay Medical Center, currently tops \$1.6 million in pledges.

Major corporate donors include Anheuser-Busch; American Home Food Products, Inc.; American National Can; American Bar Control, Inc.; Bank America Foundation; Bank of the West; Continental Pacific Bank; E.T., Inc.; First Northern Bank; Heart Federal Savings & Loan; Herman Goelitz Candy Company; Napa Valley Bank; O. C. Jones Company; Sanwa Bank; Security Pacific Bank; State Farm Insurance and Suisun Valley Bank. NorthBay Healthcare system employees, physicians and board members contributed \$1 million. ■

New Hospital

Continued From Page One

The Newborn Intensive Care Unit (NICU) is more than three times the size of the unit in the old hospital. The NICU is licensed to treat up to ten ill or premature infants.

The Third Floor — Adult Critical Care is State-of-the-art

The third floor of NorthBay Medical Center's new addition is occupied by two eight-bed, state-of-the-art critical care units. Shelled-in space for another eight-bed unit has been reserved for future needs. The rooms are much larger than the existing rooms to accommodate the increased amount of medical equipment now needed to treat and monitor patients.

New high-tech beds, computerized bedside charting and monitoring are additional features that make NorthBay Medical Center's new critical care unit as modern as they come.

"The changes that have taken place in medical care are just astounding," says NorthBay Medical Center administrator Deborah Sugiyama.

"I urge everyone in the Solano County area to come see the new NorthBay Medical Center on Dec. 19 and find out about the high level of care that's available in our community." ■

KEEP THESE IMPORTANT TELEPHONE NUMBERS

Clip and save these telephone numbers for health resources available at NorthBay Medical Center and VacaValley Hospital:

NorthBay Medical Center

429-3600

VacaValley Hospital

446-4000

NorthBay Breast Health Center

429-7702

NorthBay Cancer Hotline

429-7829

Doctor Referral Service

429-7700

Tel-Med

446-5757

678-0777 from Dixon

Community Information Line

429-7979

648-1266 from Vallejo

Billing Questions

NorthBay Medical Center &

VacaValley Hospital

446-5801

NorthBay Healthcare

Foundation

429-7791

NorthBay Hospital Guild

(volunteers)

429-7910

NorthBay Rehabilitation

Services

429-7913

VacaValley Rehabilitation

Services

446-5750

NorthBay Cardiac & Pulmonary

Rehabilitation

429-6960

NorthBay Health at Home

429-7756

NorthBay Hospice

429-7758

The Old Intercommunity Hospital Becomes New Again

The new NorthBay Medical Center that is being introduced to the community on Saturday, Dec. 19, is supported by nearly 40 years of history.

Fairfield's hospital started out as a dream by several people in the community who hoped to build a hospital in a sheep pasture. The following is a history of NorthBay Medical Center, from where we started to what we've become.

1956 — A hospital volunteer guild is formed by Martha Orr, Augusta Young and others to bring a new full-service hospital to Fairfield.

1958 — Under the direction of George Tomasini and the volunteer guild, a community fund raising committee raises \$400,000 to build a hospital.

1960 — Intercommunity Memorial Hospital opens its doors with 32 beds and 45 employees. The hospital, which featured emergency, surgical and maternity care, cost \$500,000 to build.

1964 — A neighboring 48-bed convalescent hospital is leased as a patient care "Annex." The Annex was purchased in 1967 and today serves as office space for the burgeoning NorthBay Medical Center campus.

1970 — The need for more patient care space increases dramatically. California's hospital seismic safety standards are revised and expanded. It becomes clear that a new hospital needs to be constructed to meet these requirements, and a community fund raising committee is formed.

1977 — A new 80-bed structure is complete. The new hospital doubles the available floor space and adds new services such as an intensive



This is what Intercommunity Memorial looked like when it opened its doors in 1960. The original hospital had 32 beds and 45 employees, and cost less than \$500,000 to build. \$400,000 of that came from community donations.

and coronary care unit, nuclear medicine, pathology, cardiology and pediatrics. Intercommunity Memorial Hospital becomes Intercommunity Hospital.

1980 — An additional 26-bed wing is opened, again in response to the community's growing size and health care needs. This new wing brings Intercommunity Hospital's bed capacity to 108.

1985 — The hospital opens a three-bed Intensive Care Newborn Nursery (ICNN) for premature and critically ill newborns.

1986 — Intercommunity Hospital is renamed NorthBay Medical Center to reflect the increasing sophistication of the Fairfield hospital.

1987 — A coordinated program of comprehensive cancer prevention, detection, treatment, rehabilitation and support services opens. NorthBay Cancer Service introduces many new programs to Solano County, including radiation therapy. VacaValley Hospital opens in Vacaville. A reorganization of

NorthBay Medical Center occurs that establishes a comprehensive health care system. The hospital becomes four non-profit organizations: NorthBay Healthcare Corporation, the parent company; NorthBay Hospital Group, which operates the Fairfield hospital and the Vacaville facility that was then under construction; NorthBay Healthcare Services which is responsible for new business development and property management; and NorthBay Healthcare Foundation which raises funds to support all of the nonprofit healthcare activities.

1989 — The NorthBay Nursing Center, an 11-bed skilled nursing unit, opens within NorthBay Medical Center. The unit serves patients with short-term skilled nursing needs, focusing on rehabilitation and the patients' abilities to care for themselves.

1990 — A state-of-the art diagnostic imaging center, Solano Diagnostics, opens on the NorthBay Medical Center campus. With the center comes Solano County's first permanent magnetic resonance imaging system. The Fairfield city council approves phases I and II of the new NorthBay Medical Center.

1991 — NorthBay Healthcare system (which includes NorthBay Medical Center and VacaValley Hospital) and Fairfield Medical Group (upper Solano County's largest physician group) announce plans to affiliate and form a new, not-for-profit medical group. Local cardiac care gets a boost when a cardiac catheterization laboratory and a cardiac rehabilitation service opens on the Fairfield campus.

1992 — VacaValley Hospital celebrates its fifth birthday. The first phase of the new NorthBay Medical center is introduced to the community.

GET YOUR RACQUET, HAVE A BALL

Is racquetball your game?

If so, you'll want to sign up for the NorthBay Healthcare Foundation Racquetball Open. The tournament is Dec. 18, 19 and 20, at the Solano Athletic Club, 1471 Holiday Lane, in Fairfield.

Categories include singles, doubles and mixed doubles for men and women in several age groups. Cash prizes are available in some categories. Entry fees range from \$20 to \$35, depending on the category. The entry deadline is Monday, Dec. 14.

Proceeds from the event will benefit the NorthBay Healthcare Foundation and will be used to buy equipment for NorthBay Medical Center in Fairfield and VacaValley Hospital in Vacaville. For a registration form or more information, call (707) 429-7791.

Good Parenting Requires Good Preparation

If you are pregnant, the best time to start being a good parent is now. NorthBay Medical Center and VacaValley Hospital offer a series of prenatal parenting classes that will help you have a healthy baby and make your transition into parenthood as smooth as possible.

Listed here are just a few of the low-cost classes available. For more information, turn to page 15 of this Wellspring.

Labor of Love — A six-part, prepared childbirth program.

The Art of Breastfeeding — Tips on making breastfeeding a more enjoyable experience for Mom and baby.

CPR for Parents — A hands-on class which teaches parents basic cardiopulmonary resuscitation for infants and young children.

Baby's First Year — Learn about infant care, developmental milestones, nutrition and safety.

New Ultrasound Equipment Aids in Diagnoses & Early Treatment

Is that breast lump simply a cyst or a possibly malignant tumor? Does a fetus have a heart or kidney defect which will require surgery at birth? Is there a build-up of plaque in a patient's arteries? These are just a few of the questions that can be answered with high resolution ultrasound, and VacaValley Hospital and NorthBay Medical Center now offer the most advanced ultrasound system available.

"This new system offers better imaging capabilities along with new computerized abilities, which can assist physicians in making earlier and more accurate diagnoses," says Director of Diagnostic Imaging Don Herrera.

Medical ultrasound provides a clear window into the body through the use of sound waves, allowing physicians to diagnose conditions and diseases without surgery or the use of radiation.

According to Medical Director James McMahon, MD, ultrasound is a non-invasive technique, and thus one of the most frequently used diagnostic tools.

"Because of ultrasound's relative safety, ease of use, low cost and the ability to image soft tissues, it's often the first diagnostic imaging procedure a physician will order," says Dr. McMahon.

The procedure involves passing a device called a transducer over the skin on the area to be examined. A series of images appearing on the monitor are analyzed by clinicians, experienced in reading ultrasound tests. An examination is painless and requires little or no preparation on the patient's part.

Dr. McMahon emphasizes the wide range of applications for the new equipment.

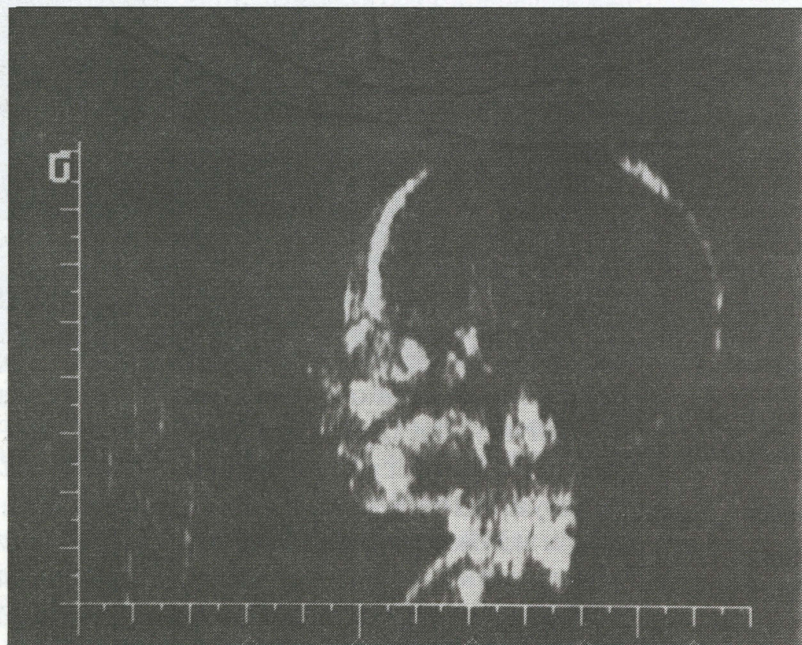
"While monitoring fetal development is the first ultrasound application that often comes to mind, it is useful in a wide range of diagnostic situations from detecting some forms of cancer, to confirming gallstones."

Uses include studying vascular structures of arms and legs. Ultrasound has the potential to pinpoint treatment needed to prevent strokes or deadly blood clots developing in the legs.

Expectant mothers get detailed information about their unborn babies through ultrasound. Physicians use the technique to moni-

tor the fetus' growth and evaluate development. Ultrasound can also detect fetal abnormalities and certain birth defects, including kidney and heart abnormalities, or spinal defects.

"The addition of this new equipment at the two hospitals is a result of our commitment to the community," says NorthBay Hospital Group President Michael Marini. "Our goal is to provide our patients with the most state-of-the-art services available, close to home." ■



The new ultrasound equipment at NorthBay Medical Center and VacaValley Hospital provides physicians with amazingly detailed images of body structures without x-rays or breaking the skin. Pictured here is the head of an infant at about four months gestation.

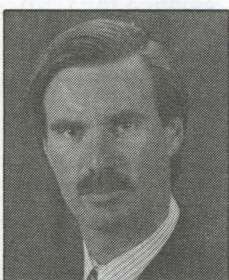
New Physicians Join Staff

Todd A. Carrell, M.D., is a psychiatrist in private practice. A graduate of Baylor College in Houston, he completed his internship and residency at Timberlon Psychiatric Clinic in Dallas. He is a member of the American Psychiatric Association and the Northern California Psychiatric Society. Dr. Carrell's Vallejo office is located at 525 Oregon Street in Vallejo, the phone number is (707) 648-2200. He practices in two Fairfield offices: 1125 Missouri Street, Suite 304, (707) 425-6760; and at the Fairfield Counseling Center, 628 Webster Street in Fairfield, (707) 426-0763.



Dr. Carrell

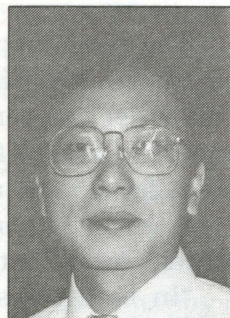
Jeffrey T. Gray, M.D., is a psychiatrist in a private practice. A graduate of the Medical College of Georgia, he completed his internship and residency at Letterman



Dr. Gray

Medical Center in San Francisco. Dr. Gray's office is located at 354 Cernon Street in Vacaville. The phone number is (707) 446-4400.

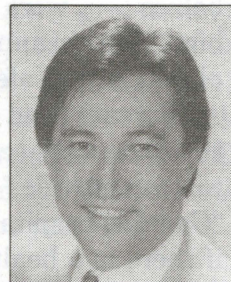
Andrew Kwai, M.D., is a radiologist with Solano Imaging Medical Associates. A graduate of Mount Sinai School of Medicine in New York City, he is board certified in radiology and nuclear medicine. He completed his radiology residency at Lenox Hill Hospital and at Mount Sinai in New York. Dr. Kwai completed a fellowship in nuclear medicine at Harvard Medical Center and he also received fellowship training in magnetic resonance imaging and angiography at Strong Memorial Hospital in New York. Dr. Kwai practices with Solano Diagnostic Imaging Center at 1101 B. Gale Wilson Drive, Suite 102, in Fairfield. The office phone number is (707) 421-2222.



Dr. Kwai

William McClure, M.D. specializes in plastic surgery. He gradu-

ated from U.C. San Diego Medical School and completed his internship and residency at Stanford Medical Center. His private practice is located at 1100 Trancas in Napa. The phone number is (707) 258-6053.



Dr. McClure

Richard C. Placone, M.D., is a radiologist with Solano Imaging Medical Associates. A graduate of University of Southern California Medical School, he is board certified in radiology and completed a fellowship in abdominal imaging. He completed his internship and residency at University of Southern California/Los Angeles County Hospital. Dr. Placone practices with Solano Diagnostic Imaging Center at 1101 B. Gale Wilson Suite 102, Fairfield. The office phone number is (707) 421-2222. ■



Dr. Placone

NEED A DOCTOR? CALL MARIA

Looking for the best doctor for you, your family or a friend? NorthBay Hospital Group Physician Referral Coordinator Maria Perez can help. Maria can tell you about more than 100 competent doctors, right here in our community. She can even help you set up an appointment. Call Maria at 429-7700, weekdays from 8 a.m. to 5 p.m.

Neonatology: Caring For Solano's At-Risk Infants

Karen had a normal pregnancy and expected a healthy baby to be placed in her arms after delivery.

Mary knew she might need a c-section to deliver her child, but assumed that after her recovery period she and her baby would be able to return home. After all, both Karen and Mary had chosen the best obstetricians available to them and followed their advice. What more could they have done to prepare for their child's birth?

"Choosing a good obstetrician is important. However, you should also look for a hospital that can provide your baby with expert care if he or she needs it," says Neonatologist David Johnson, MD, medical director of the NorthBay Medical Center Newborn Intensive Care Unit (NICU).

Like many expectant parents, Karen looked for a hospital that provided good care during the labor and delivery, but neglected to ask questions about support for her and the baby after the birth. Last minute complications occurred during the delivery which meant her infant needed care in a neonatal intensive care unit. Unfortunately, her hospital didn't have one, and her baby was transported to the closest unit, 100 miles away from home.

Mary delivered at NorthBay Medical Center, and although she too had unexpected problems, Dr. Johnson and his partner Dr. Richard Bell — highly qualified specialists in the care of ill and premature babies — were on hand for the birth. Within minutes her baby was placed in the safety of the NICU.

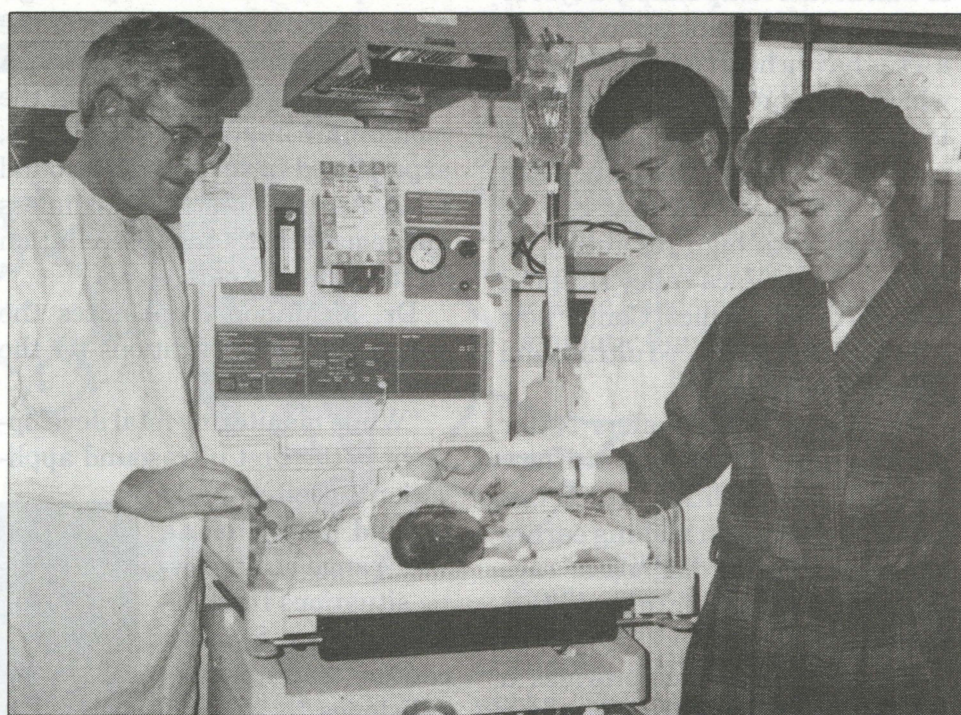
"Parents need to ask hard questions about the services their hospitals can provide," Dr. Johnson says. "Can this hospital care for my baby if there is a health problem? Very few hospitals have a neonatal intensive care unit."

Fairfield Medical Group Obstetrician Sam Santoro, DO, agrees. "What makes our unit one of the best places in Northern California to have a baby is the high level of care we provide to the new mother and her baby," he says.

"We have an amazingly qualified team of neonatologists and nurses for a community hospital. The best in this area is truly no farther than Fairfield."

NorthBay Medical Center's NICU cares for at-risk infants from a three-county area, including Napa, Solano and Yolo counties. Last year, 58 babies were transported to NorthBay Medical Center for care.

Neonatology is the study of the at-risk baby from birth through the first month of life, according to Dr. Johnson. Neonatologists are physicians who focus on high-risk deliv-



John and Julie Nerland of Vacaville introduce baby Emily to her Grandpa, Don Anderson. Emily spent five days in the NorthBay Medical Center Newborn Intensive Care Unit recovering from pneumonia.

ery and infant-care. They understand the medical problems of the fetus, and can assist during labor and be in the delivery room to help the baby.

Two situations are most commonly seen by neonatologists. First, the full-term infant who hasn't been identified as a high-risk case but suffers problems during delivery which require emergency care. Of the 130 to 140 deliveries a month at NorthBay Medical Center, about 30 fall into this category.

"Parents need to ask hard questions about the services their hospitals can provide."

The second situation is the premature infant, which, depending on his or her size, can have a variety of needs. Care for the premature infant focuses on resolving medical problems while including the family as part of that care.

"In both cases, the role of the neonatologist is to intervene immediately on behalf of the baby and to do for the baby what it can't do for itself," Dr. Johnson says. "In most cases the baby responds well and goes home with its mother."

Less than 2 percent of babies born at NorthBay Medical Center need to be transferred anywhere else for care. "Most community newborn units are able to keep very few of their sick and premature babies. Essentially, all of the babies born here are able to stay here with their mothers, even the most critically ill infants," according to Dr. Johnson. The hospital also has a pediatric cardiologist, a pediatric neurologist

and a pediatric surgeon on staff, something most neonatal units of a similar size don't have.

"NorthBay Medical Center offers neonatal skills far and above what is normally found in community hospitals," Dr. Johnson says. "Our highly skilled neonatal team can make all the difference when a baby has an urgent problem."

The neonatal team includes obstetricians, neonatologists, labor and delivery nurses, NICU nurses, laboratory and x-ray technicians, consulting specialists (the pediatric cardiologist, pediatric neurologist and pediatric surgeon) and highly skilled respiratory therapists.

NorthBay Medical Center also has a neonatal transport team, medical professionals who have additional training in the emergency transport of newborns. The team includes a neonatologist, two nurses and a respiratory therapist. A special transport isolette provides a micro-environment for the baby, and everything a hospital could offer, including ventilation and IV drug therapy, is available.

The team is on-call 24-hours a day, 365 days a year, responding to any emergency in the region.

Two-thirds of the transport team's work involves transporting acutely ill infants to the NICU. The other one-third involves returning babies to the NICU for recovery following treatment at other facilities. The team transports about five babies a month, using the local ambulance service for transportation.

"Our main purpose is to help parents have a happy outcome with their child," Dr. Johnson concludes. "We are committed to offering the highest quality of neonatal care to our patients. NorthBay Medical Center's NICU and transport team are something this community should be proud of."

PREGNANCY STRESS COUNSELING HELPS BABIES, TOO

Women who go through pregnancy within a year of stressful experiences are more than likely to deliver low-birth-weight infants. A study from the University of the Witwatersrand in Johannesburg, South Africa, shows that giving psychological and emotional support to stressed mothers during pregnancy can turn those results around. If you are undergoing significant stress and are pregnant or planning to be, talk with your doctor.

"I'm lucky we moved to Fairfield." A Premature Baby Put This Family's New Community To The Test

When David Daniel Fernandez was born Sept. 4 at NorthBay Medical Center he weighed just 3 pounds, six ounces and was 16 1/2 inches long. His arrival gave his parents, Robin and David Fernandez of Fairfield, a first-hand introduction to the quality of newborn care available at the Fairfield hospital.

The couple expected to have their fourth child delivered by their family's long-time physician in the Bay Area. Although they had lived in Fairfield for three years, they knew very little about the quality of medical care available here.

"I had used the same physician since I was a teenager, and I thought he was the only one who knew what was going on with me," Robin explains.

Robin suffered from placenta previa, a condition which can cause hemorrhages in the uterus, since her ninth week of pregnancy. When her water broke at 29 weeks, she was rushed to the emergency services at NorthBay Medical Center.

"I called my doctor, and he wanted me moved to a Bay Area hospital, which we both assumed would be the best place for me to get care. But NorthBay's obstetrician (Dr. Kimberley Fillmore of the Fairfield Medical Group) advised against it because of the chance that I could hemorrhage during the trip," Robin says.

"So I told my doctor 'no, I'm staying right here.' But I was terrified. I didn't know anyone and my baby was in trouble."

Robin stayed in the hospital for six days before her baby was born. During that time she was closely monitored, undergoing sonograms and laboratory tests and receiving steroid shots to build up her baby's lungs.

"At 2 p.m. on the sixth day I felt a final rush of water, and David Daniel was delivered by c-section at 3:45 p.m.," Robin says. "Although I couldn't see him right away, he was born screaming and yelling."

David Daniel was placed on a respirator in NorthBay Medical Center's newborn intensive care unit under the watchful eyes of neonatologists David Johnson and Richard Bell.

"Everyone was so wonderful. The nurses kept coming in and telling me success stories about babies as small as mine while my case manager, Sandy Stockey, explained everything that was happening," Robin says.

"And either Dr. Johnson or Dr. Bell would visit me daily, giving me an update on my baby and counseling me on what I could expect."

"The first time I saw my baby it broke my heart," Robin says. "He didn't look like a baby. His skin was very transparent and he looked like



Robin Fernandez of Fairfield talks with son David Daniel who weighed a little more than three pounds at birth. The Fernandez family credits the NorthBay Medical Center Newborn Intensive Care Unit with saving David's life and helping him grow to be a healthy infant.

his daddy at 80 years old."

Three days after his birth, David was able to breathe without the respirator, and Robin was able to go home to her three daughters, ages seven, five, and 22 months.

"Our son's premature birth totally disrupted our lives," Robin says. "I was traveling back and forth between home and hospital visiting the baby and feeding him. It placed quite a strain on our home life." Robin says she can't imagine how her family would have withstood the ordeal if her son were in a Bay Area hospital.

"Throughout our entire ordeal, the nurses and doctors at NorthBay Medical Center were our support
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INTENSIVE-CARE INFANTS CATCH UP

For years, premature babies were thought to be more temperamental than full-term infants and more likely to experience learning difficulties. That assumption is proving to be untrue. Researchers tracked the development of 126 pre-term infants and 150 full-term babies for six years. Parents were asked to rate their child's temperament from year to year. In the end, no significant differences between the two groups were recorded. In another study, no variances in academic achievement were noted between premature and full-term babies.

Neonatal Nursing Taking Care Of The Sickest And The Smallest

"It's very fulfilling to see our babies get well," says NorthBay Medical Center Newborn Intensive Care Nurse Deanie Honsinger, RN. "They usually come to us small and sick and the family is so frightened. We give them not only first-rate medical care, but first-rate support and reassurance, too."

Like the other nurses on the Newborn Intensive Care Unit team, Honsinger is a specialist; she is nationally certified in neonatal care and neonatal advanced life support. Part of this training included an "internship" at Children's Hospital in Oakland.

"There are so many things I love about working at NorthBay Medical Center. One is the dedication of



NICU Nurse Deanie Honsinger carefully monitors the heart-beat and breathing of this critically ill newborn.

our team," Honsinger says. "Our nurses strive to know all they can about neonatal care from various classes, professional publications and from our neonatologists: Drs. David Johnson and Richard Bell; they're both teachers at heart."

When thinking about the clinical

aspects of her job, Honsinger admits that she's always a little bit scared. "But that's good," she says. "It takes a certain amount of anxiety to keep you on your toes, to do the best job you can."

She remembers the emergency birth two years ago of triplets that required all her skills and teamwork.

"We knew that Mom was going to deliver three very small, and likely very sick,

babies. We had a team of two neonatologists and three NICU nurses in the delivery room to give the babies immediate care," she recalls.

"I took the first baby and began assessing his condition, while the other members of the team worked

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Childbirth In The 90's — Do It Your Way

COUNT THOSE KICKS

Pregnant women can detect fetal distress before it leads to the baby's death if they regularly count fetal movements. Each fetus has its own rhythms, varying from four to 10 movements a day to more than 1,000. Women are advised to count fetal movements each day, starting at the 28th week of pregnancy. If the number of movements substantially decreases at any time, call your doctor immediately.



SHOULD NURSING MOTHERS DRINK?

Nursing moms should just say no to alcohol, according to a recent study that shows mothers who drink alcohol can pass a portion of it through the breast milk to the baby. Alcohol also changes the smell of the breast milk, and as a result, the baby often eats less. Most significant, researchers say, is the effects of heavy drinking on a person's ability to be a suitable parent; that's a message for both Mom and Dad.

"Childbirth should be considered a natural process, not a surgical procedure," says Fairfield Medical Group Obstetrician Kimberley Fillmore, MD.

"Of course, our first concern is always the safety of the mother and baby, but we work with each individual to ensure we're doing what's right for them."

NorthBay Medical Center Director of Maternal/Child Services Mary Dickey agrees.

"NorthBay Medical Center's philosophy emphasizes a family-centered birthing style," she says. "We believe each birth and family is unique, and we want the experience to be as personalized as possible."

Women today have many choices when it comes to childbirth. Twenty years ago, women labored and delivered in bleak hospital rooms with only a nurse or doctor in attendance. Doctors didn't ask women how they wanted to have their babies. *Doctors* made the decisions.

"Now the mothers have more control," says Dr. Fillmore. "Women can decide who they want in the labor and delivery room, whether they want medication, and if the baby will room-in. Many women actually come to me with a complete birth plan," she says.

Depending on the individual circumstances, and the health of the woman and her unborn baby, the following options should be considered.

Family or friends are welcome during labor and delivery for support.

"With the opening of NorthBay's new obstetrical unit, moms will have greater flexibility," says Dickey. "The Labor/Delivery/Recovery rooms (LDRs) are large enough that we can generally allow up to four people, and sometimes more, to participate and share in the experience. Each private room even includes a reclining chair or couch where the mother's support person can rest," she says.

"Increasing evidence suggests that family support is very beneficial to the mom, physically and emotionally," says Dr. Fillmore. "Having someone there to count on can really help a laboring woman relax and focus on the birth. Fathers have become so involved, they sometimes request to cut the umbilical cord, and often get the first chance to actually hold the baby."

Medicated or non-medicated birth

Dr. Fillmore advises discussing medication options with your doctor sometime before the delivery date.

"Any options I discuss with a patient are noted at the bottom of her chart, so nursing staff is also aware of preferences. At least the

mother will be informed of her options before the big day finally arrives," she says.

"Even if my patients choose a non-medicated birth, I tell them not to be afraid to change their minds if the experience isn't what they thought it would be," says Dr. Fillmore.

Anesthesiologist Wayne Walker, MD, works closely with the obstetrician and patient in making the childbirth experience as comfortable as possible.

"When patients choose medica-



tion, there are several options, including intra-muscular analgesia, intravenous analgesia, and even an inhaled mixture of nitrous oxide and oxygen during delivery. Epidural analgesia for labor is also commonly administered," says Dr. Walker.

Even without medication, it's comforting to know that at NorthBay Medical Center, there is always an anesthesiologist or a certified registered nurse anesthetist (C.R.N.A.) devoted strictly to the obstetrics unit.

"Our first priority is a safe delivery, and even if the mother requests no medication, an anesthesiologist or C.R.N.A. will be close by in case complications arise. In cases where an emergency C-Section is needed or a baby needs resuscitation, every minute counts," says Dr. Walker.

Procedures during labor

Procedures during labor that were once performed as a matter of course,

such as shaving of the pubic area, enemas, and I.V.s, are no longer ordered routinely by most doctors.

All women in labor are monitored at least intermittently to keep track of the fetal heart rate and uterine contractions. Monitoring is important to insure that labor is progressing safely and the baby is not in distress. But in a low-risk birth, the mother is not required to be monitored constantly. This allows the mother to get up and walk around, which often aids the labor process.

Baby Rooming-in

Twenty years ago, babies were whisked away soon after birth. Nurses tended to them while family members watched through nursery windows, and mom was allowed to hold and feed the newborn on a pre-determined schedule.

Today, unless the baby requires special medical care, mothers are encouraged to keep their babies at their bedsides throughout the hospitalization.

"Barring complications, the mother can hold the baby immediately after birth, decide where the baby sleeps and when the baby needs to be fed," says Dickey.

"Physicians and nurses on staff at NorthBay Medical Center work together to make childbirth a positive experience for all those involved," says Dickey. "We let mom call the shots as much as possible, while keeping in mind the ultimate goal: healthy mothers and babies."

Premature Baby

Continued From Page 7

team, and I just can't thank them enough," Robin adds.

"Now everyone at the hospital feels like part of my family. Having my baby cared for at NorthBay Medical Center meant one-on-one attention from the nurses and doctors, something I'm sure we would have missed in a large city hospital."

After 36 days in the hospital, David Daniel went home. He weighed four pounds, five ounces.

"I was scared to take him home," Robin explains. "The nurses had been so good to us that I didn't want

to leave them. My son came home with a heart monitor, which he'll wear for three months. When he had his first experience with apnea (a disruption of breathing) I was terrified."

Robin called NorthBay Medical Center and took her baby in for an examination. He showed no ill effects from his experience.

"But once again, the doctors reassured me that they're available 24 hours a day if I need them," Robin says. "Fairfield residents don't know how lucky they are to have such wonderful care close to home. I certainly didn't know until I had my son."

Tips For A Healthy Pregnancy And A Healthy Baby

"A pregnant woman who is taking good care of herself is taking good care of her baby," says Vacaville Family Practitioner Dr. Carmela Saavedra. "Sticking to a healthy diet and avoiding unhealthy habits will go a long way to insure the health of your newborn."

Traditionally, obstetric care starts after pregnancy is confirmed, often late in the first trimester.

"Ideally, we like to make sure a woman is healthy before conception," says Dr. Saavedra. "I encourage women who are considering having a baby to take stock of their diets and habits and start making changes right away. A good rule of thumb is to make sure to lead a healthy lifestyle at least three months before planning to conceive."

The first three months of fetal development are crucial. If a woman is taking good care of herself before pregnancy, the baby has a good head start from the time of conception, she says.

Some studies suggest that it's not only the woman who should be in top form before pregnancy. The father also has an important role due to his contribution to genetics. Research indicates that sperm may be affected by elements such as alcohol or drug use, or lead in the environment.

"Even if your pregnancy wasn't planned, and you have been leading a less-than-healthy lifestyle, it's never too late to start," Dr. Saavedra says.

Start with a healthy diet

The cornerstone of a healthy pregnancy is a well-balanced diet. A caloric intake of about 2200 calories a day will help to insure good health for mother and baby. But make sure the calories count. Avoid empty calories present in "junk food."

Plenty of protein is necessary for the growth of the baby and placenta.

If you're pregnant, you should consider increasing your consumption of milk, eggs, legumes, meat, poultry, fish and other protein-rich foods.

"A well-balanced diet with plenty of fruits and vegetables should contain the necessary amounts of vitamins and minerals. However, a multi-vitamin is generally prescribed just to be on the safe side," says Dr. Saavedra.

Folic acid is an important compound that has been proven to help prevent neurological defects such as spina bifida. A B-vitamin found in fruits, green vegetables, beans and whole grains, folic acid is especially crucial to fetal development in the first four weeks of pregnancy.

Pregnancy is not the time to try to

lose weight. A weight gain of 25 to 30 pounds is considered normal. Some studies suggest that carrying a few extra pounds before conception is healthier than being underweight.

Just say no to . . .

Drugs

Avoid any drug not prescribed by your doctor. Make sure your obstetrician is aware of any drugs you may have been taking before pregnancy.

Illicit drugs such as cocaine seem to be an increasingly common problem in our community, according to Neonatologist Richard Bell, MD.

"Cocaine causes premature labor and an increase in stillbirths," Dr. Bell says. "These babies can have central nervous system disorders and congenital malformations."

Over-the-counter drugs may cause problems as well. Because most over-the-counter drugs have not been tested during pregnancy, their safety has not been proven by the Federal Drug Administration. The best rule of thumb is to not take any medication without the advice of your doctor.

Alcohol use can lead to fetal alcohol syndrome. Babies with this condition can suffer from growth retardation, speech defects, mental retardation, small heads and facial abnormalities.

As no safe amount of alcohol intake during pregnancy has been determined, the Surgeon General recommends that women avoid alcohol entirely when they are pregnant.

Smoking

If you smoke, quit. According to Dr. Bell, smoking has a direct effect on the fetus.

"The more a mother smokes, the greater effect the smoke will have on the baby. Babies of smokers are often smaller, with smaller than normal heads. Even if you don't smoke, take care to stay away from second-hand smoke. Passive smoke is connected to an increased incidence of undergrown fetuses, miscarriage and stillbirth. Studies show that many pregnant women who smoke also are not as attentive to their nutritional needs, thus the baby gets a double whammy," he says.

Stress

While complete elimination of stress is rarely possible, reduce its effects as much as you can. Don't try to do it all. Use the support of family or friends. With the approval of your doctor, regular exercise is a great way to reduce stress. A simple walking program can be very beneficial.



See your doctor regularly

See your doctor to confirm your pregnancy as early as possible, then be sure to follow your schedule of prenatal examinations. Your doctor will want to monitor your blood pressure, check your blood sugar, and make sure all other indications remain in normal ranges.

"The main thing I have to emphasize with my patients is not to do too much, to get enough rest," says Dr. Saavedra. "Women are too used to doing everything for everyone else. While you're pregnant, you and your baby come first."

Will Babies Be Born In Vacaville Soon?

Vacaville has a high-quality, full-service, 24-hour hospital: VacaValley Hospital. However, all maternity services are provided at NorthBay Medical Center in Fairfield. Will VacaValley Hospital ever have a maternity unit?

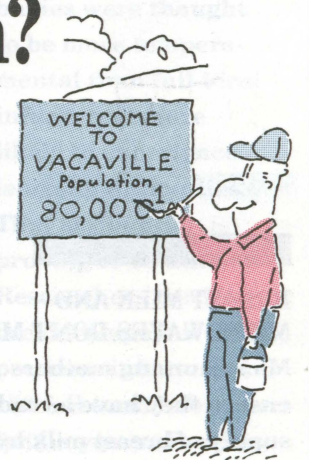
"That depends on several factors related to quality and economy," says Fairfield Medical Group Obstetrician Sam Santoro, DO, chairman of the NorthBay Hospital Group Department of Obstetrics and Gynecology.

"We were able to buy some of the safest and most modern maternity equipment available for the new unit at NorthBay Medical Center; it would be financially impossible to do this if we had to equip both hospitals," he says.

Plus, splitting up the 1,600 births per year that occur at the Fairfield hospital could impact the skills of the maternity staff.

"Our nursing staff remains one of the best in Northern California because they work for a busy maternity department. It would be much more difficult to keep staff skill levels high if we had fewer than 1,000 births per year," Dr. Santoro says.

He believes that population growth in the Vacaville community is the key "As Vacaville grows, there may come a day when it makes good sense from a financial and quality standpoint to operate a maternity service at both hospitals. I don't expect that to happen in the next five years, but someday..."



Breast Feeding Is Best For Your Baby. Is It Best For You?

You're going to have a baby and you want the best for him, or her. Among the many decisions you must make are what kind of crib, which stroller, the safest car seat, cloth versus disposable diapers and breast or bottle feeding.

Articles about breast-feeding usually begin with a variation of; "Breast-milk is the best food for human infants." And yet, you wonder, will breast-feeding keep me "tied" to the baby? You've heard that it can be painful? As you consider this decision, remember the benefits of breast-feeding to mother and baby will far outweigh real or possible inconveniences.

The best possible food for your baby is breast milk. It's the easiest for the baby to digest, increases his or her immunity from disease, and the colostrum (the first milk after birth) protects the baby from bowel irritation. The physical development of facial structure and muscle is facilitated when a baby works at a breast nipple. Rubber nipples do not provide the same type of exercise.

Breast feeding is good for Mom, too. The hormones released when the baby is at the breast help the uterus return to normal size and weight loss is more rapid. There is also evidence that breast-feeding decreases the risk of breast cancer.

In addition to the physical ben-



Dina Christiansen of Fairfield breast feeds her son Joseph just after his birth at NorthBay Medical Center. Later, she'll receive coaching from a lactation specialist.

efits, breast feeding strengthens the emotional bond between mother and baby. After nine months of very intimate contact the continued closeness is important to both mother and infant. Anyone can meet the nutritional needs of a baby with a bottle containing breast milk, but the emotional bonding takes place with the continued close contact of breast feeding.

It takes four weeks of having the baby at the breast to create a good supply of milk. Babies should be four or five weeks old before a breast pump is used.

According to NorthBay Medical

Center Lactation Consultant Denny Crosier, RN, pain should not be part of the breast feeding program. "Breast feeding is natural and need not cause pain. If it hurts, something is wrong. Find out what is wrong, correct it and there will be no pain."

Today at NorthBay Medical Center, breast feeding is encouraged and promoted as the natural, healthy, economical way to feed your baby. It is also the way to give your baby a physical and emotional head start in the world outside the womb.

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Once A C-Section Not Always A C-Section

Ten years ago the most frequent reason a woman had a Cesarean section was that she had delivered previously by C-section. Today even those who experienced a long labor that ended in a C-section are encouraged to delivery vaginally.

According to Fairfield Medical Group Obstetrician Gary Matsumura, MD, "Sixty percent of women who had a previous section for an eight pound baby can deliver an even larger baby vaginally. Only 1 percent of women, those who had a classical or vertical incision, must have a repeat C-section. We encourage all other women toward Vaginal Birth After Cesarean (VBAC)."

The most common reasons for C-section include active labor with no progress toward delivery, fetal distress, CPD (cephalic-pelvic disproportion) or a large baby against a small pelvis and a breech presentation in which the baby cannot be turned.

Sometimes C-sections are done at the mother's request after she has had a previous section and does

not wish to try a vaginal delivery. About one-fourth of the women who have a C-section know in advance that their baby will not be a normal delivery.

National averages for cesarean sections increased from 17 percent in the 1970s to the current 24 percent. The NorthBay Medical Center average for the last quarter was 17 percent, well below the national average.

During the 1950s the C-section rate was as low as 2 percent but there were more breech births, dangerous use of forceps and injuries to babies during delivery, particularly to the shoulder and arms of large babies.

At NorthBay Medical Center some of the ways of encouraging women to try VBAC is to offer pain relief during labor. After dilation of more than four centimeters a woman may be offered an epidural (local anesthetic) or pain medication. The disadvantage of the epidural is numbing of the legs that prevents walking, and the procedure can sometimes slow the progress of labor.

"The woman and her physician must be patient during the long labor and give the baby every opportunity to be delivered vaginally," says Dr. Matsumura. Babies of ten pounds or larger and breech presentations that cannot be turned have the least chance of coming out vaginally.

According to Director of Maternal/Child Services Mary Dickey, the nurses in labor and delivery are alert to signs of possible C-section. Because many women see a C-section as a failure at labor, the labor and delivery staff prepare the mom for the possibility and dispel the idea of a failure on her part. The use of local anesthesia such as epidural and spinal blocks allow the mother to be awake for the experience and the father can be present for the birth.

"Just because you're one of the few mothers who can't deliver vaginally doesn't mean you didn't have a 'normal or natural' birth experience," she says. "In most cases the result is a healthy baby, and ultimately, that's what's important." ■

COW'S MILK IS FOR CALVES, NOT BABIES

Children younger than one year should not be given cow's milk. Infants who are fed cow's milk don't get enough iron and other nutrients, and get too much sodium, potassium and protein. New research even links infant cow's milk consumption with the onset of Juvenile Diabetes. Remember, breast milk is best for baby. If breast feeding isn't possible, be sure to use an iron fortified infant formula.

BREAST MILK AND MICROWAVES DON'T MIX

Many nursing mothers ensure they have a ready supply of breast milk by keeping some stored in the freezer. This practice is considered safe and healthy, as long as the milk is not reheated in the microwave. Microwaving breast milk seems to reduce the levels of disease-fighting antibodies found naturally in mother's milk. Heating the milk in a pan of boiling water is best.

Prenatal Testing: Early Warning Means Better Treatment For This Fairfield Baby

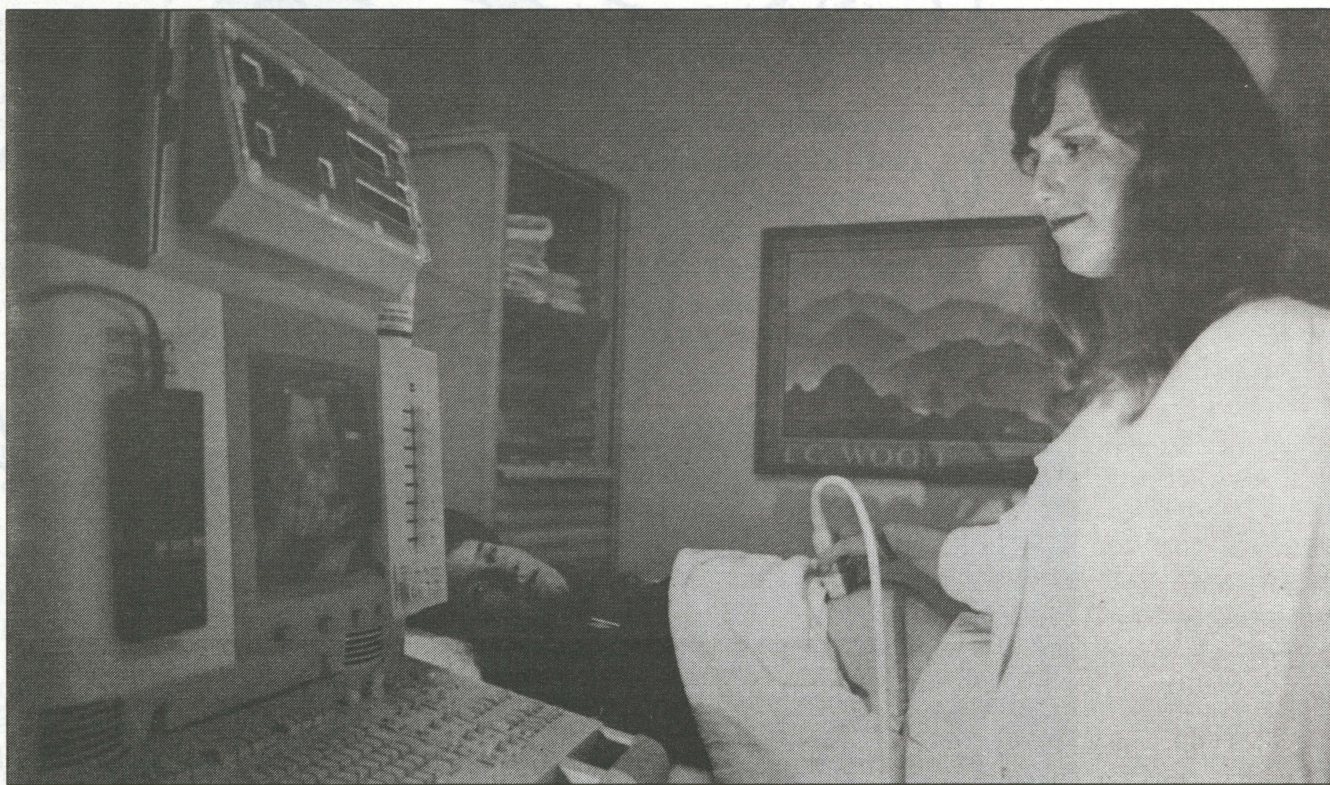
When Denise Clark, a 25-year-old Fairfield woman, learned she was pregnant, she felt reasonably certain that the baby she had already grown to love would be healthy.

"I'm young. I eat right. I don't do drugs and hadn't had any alcohol during the pregnancy," she says.

So Denise was surprised, and understandably frightened, when she got a call from her doctor telling her the Alpha Fetoprotein (AFP) test came back slightly abnormal.

"The levels were a little bit high, which the doctor thought was a testing error. She asked me to come back for another AFP, just to be sure," Denise remembers.

The results of the second test were even more alarming. The abnormally high level was now even higher, indicating a fetal de-



Ultrasound Technologist Jean Hildebrandt checks the development of Denise Clark's baby. Denise's son, due in February, has a condition called Gastroschisis and high resolution ultrasound is one way doctors monitor his health. Prior to last month, she would have had to leave the community for high resolution ultrasound.

**"When the doctor tells
you there may be
something wrong with
your baby, it's hard not
to imagine the worst."**

fect. A low AFP often means the baby has Down's Syndrome. A high level, like Denise experienced, usually means a neuro-tube defect or problem in the baby's abdominal wall. Denise's doctor scheduled a high-resolution ultrasound to try to detect any abnormalities.

"The four days between the AFP test and the ultrasound were very difficult," Denise remembers. "When the doctor tells you there may be something wrong with your baby, it's hard not to imagine the worst."

The ultrasound showed that the baby's lower bowel was floating in

the amniotic sac, rather than in the baby's abdomen. The baby's heart, brain and other vital organs appeared to be developing normally.

The next step was amniocentesis to rule out any chromosomal defects. Denise had another agonizing wait for those results. But when the results were in, Denise, her family and friends sighed and cried with relief. The test also revealed a bit about the baby's identity: "it" was a "he." Denise was having a son.

The baby has a condition called Gastroschisis. The area of the abdomen that connects to the umbilical cord is perforated, allowing the bowel to escape into the amniotic sac. Medical researchers are still developing theories about the cause of this condition.

"I certainly wasn't pleased to find out there was a problem with my baby, but I was so relieved to find out that it was fixable. My son will grow up to be happy and healthy."

Right after he is delivered, Denise's baby will be whisked to surgery where an experienced pediatric surgeon, assisted by a perinatologist (a specialist in fetal health who will follow the baby's progress throughout the pregnancy) will make any necessary repairs to the bowel and will close the perforation in the abdomen. Most likely, the new mom will bring her baby home within two months.

"I'm just so glad I went to the doctor early in my pregnancy and had the AFP test," Denise says. "Because of my prenatal care, we found out my baby had a problem, and all the help he needs will be right there in the delivery room. My son will be just fine."

Breast Feeding Continued From Page 10

During the 12 to 24 hours in the Mother-Baby Unit of the hospital after the delivery, the nurses and Denny Crosier help the mother to learn "the art of breast-feeding." The baby is put to the breast within one hour after birth.

NorthBay Medical Center is supportive to breast-feeding with babies rooming in with the mothers, nurses trained to assist with learning breast-feeding, and a class on "The Art of Breast-Feeding."

A last but not least consideration is the cost of formula. It will cost you about \$100 a month for formula. Breast milk is free and you do not have to go to the store to get it. It is also a complete food for the first six months of your baby's life.



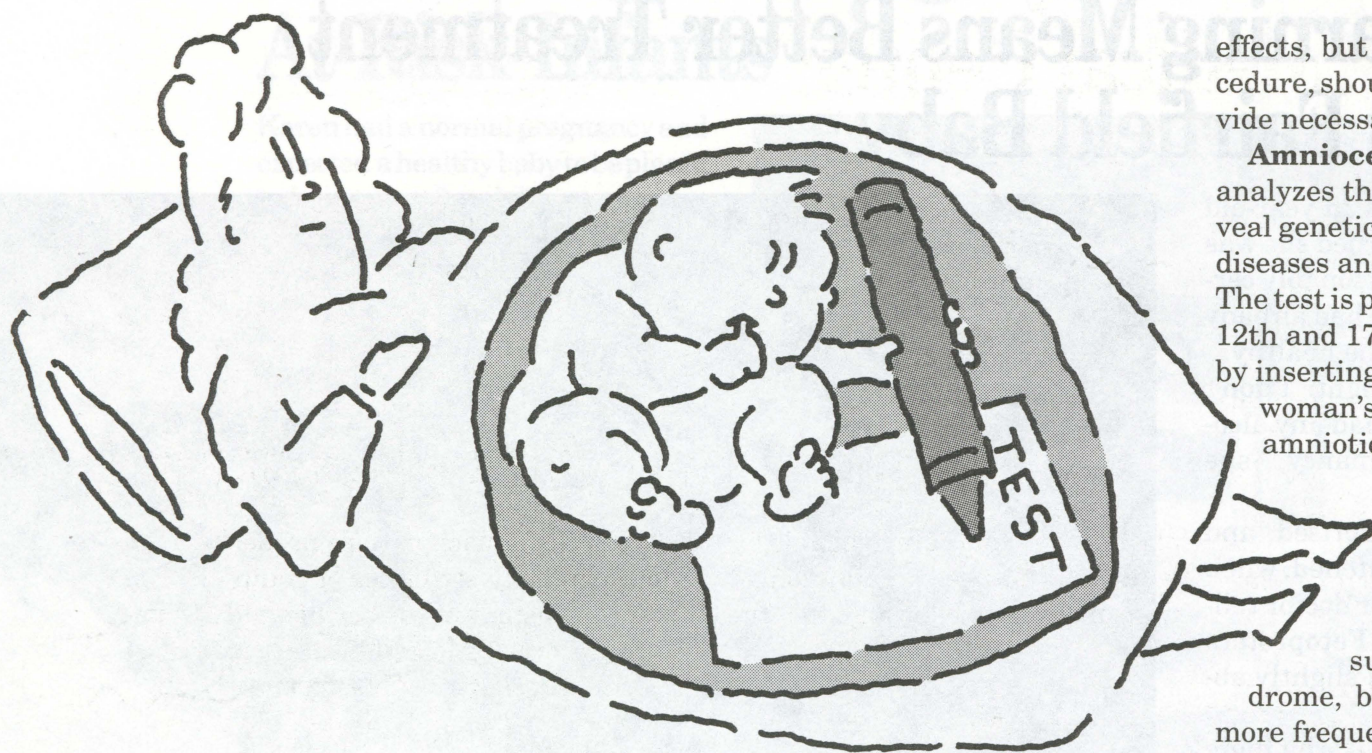
CONSUMING CAFFEINE WHILE PREGNANT-HOW SAFE IS IT?

Pregnant women should drink no more than a cup of coffee a day and tea drinkers should limit their intake to two cups a day. That's about 100 mg of caffeine per day. Heavy caffeine intake early in pregnancy has been linked to low-birth-weight.

Prenatal Care Is For Everyone

If you're pregnant, you are entitled to prenatal care, even if you can not pay. The Solano County Health Services Department ABC Prenatal Program offers complete health care for low-income pregnant women who live in Solano County, including women who are in the United States illegally. Just call 421-6664 and the staff will help you have a healthy baby.

Detect Problems With Prenatal Testing



effects, but like any medical procedure, should only be used to provide necessary information.

Amniocentesis is a test which analyzes the amniotic fluid to reveal genetic disorders, hereditary diseases and neural-tube defects. The test is performed between the 12th and 17th week of pregnancy by inserting a needle through the woman's abdomen to withdraw amniotic fluid from the womb.

Amniocentesis is recommended for women older than 35 when the risk of genetic disorders, such as Down's Syn-

drome, begins to appear with more frequency. Test results are available within two to three weeks. The major risk of the test is miscarriage, which occurs in fewer than one in 200 women tested.

Chorionic Villi Sampling (CVS) is a test for genetic defects that can be performed much earlier in pregnancy than amniocentesis. CVS is done between the 8th and 12th week of pregnancy and involves a physician removing some chorionic villi (the tissue surrounding the fetus) through a syringe inserted through the cervix.

CVS can reveal genetic disorders and other hereditary problems. The test results are usually available within a week of the test. Current studies indicate that the risk of CVS may be the same as that of amniocentesis.

"Will my baby be healthy?"

That's a concern shared by all expectant parents. Several medical tests are available that can detect abnormalities in the unborn. Some are performed routinely. Others are prescribed when a mother is older than 35 or when problems are suspected.

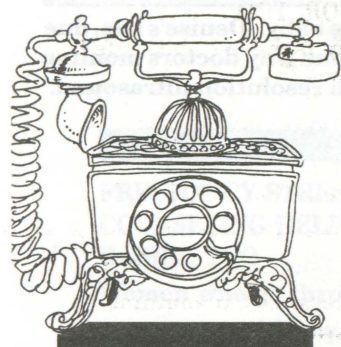
Below is a list of common medical tests available.

Alpha Fetoprotein Screening (AFP) is a simple blood test performed between the 16th and 20th week of pregnancy. The test indicates two major fetal problems:

neural tube defects and defects in the abdominal wall. This test poses no risk to the fetus and is offered to all pregnant women.

Ultrasound is a procedure that uses high-frequency sound waves bounced off the fetus to produce echoes that are converted to images on a display screen. Ultrasound can identify certain birth defects, establish exactly how far along a pregnancy is, tell of multiple fetuses and show whether the baby is growing as it should. High-resolution ultrasound equipment, like the type available at NorthBay Medical Center, provide physicians with images of internal organs and physical structure with amazing detail.

Ultrasound has no known side



INFO ON DOCS AVAILABLE

You can learn more about local physicians who care for children and pregnant women by calling the NorthBay Community Information Line. Two informational brochures are available that give you guidelines on choosing the right doctor for you and your family. Plus, biographies on many local physicians, including their practice philosophies, are included. To get your brochure, call Maria at 429-7700, weekdays between 8 a.m. and 5 p.m.

For More Info, Call

For more information about the health care issues discussed in Wellspring, ask your doctor. Or, call one of the doctors who participated in this issue:

Anesthesia
Wayne Walker, MD
429-7890

Family Practice
Carmela Saavedra, MD
448-7188

Neonatology
Richard Bell, MD
429-6968
David Johnson, MD
429-6968

Obstetrics/Gynecology
Kimberley Fillmore, MD
426-3911
Gary Matsumura, MD
426-3911
Sam Santoro, DO
426-3911

Local Woman Knows The Right Questions To Ask

When Denise found out her baby had a birth defect that would require surgery immediately after birth, a hundred questions came to her mind. She helped us put together the following list of questions expectant parents should ask about newborn care before choosing a hospital to deliver their baby.

1. Does the hospital have 24-hour newborn intensive care?
2. Is a neonatologist (physician who specializes in caring for ill and premature babies) available 24-hours per day?
3. Are other infant care specialists, such as pediatric cardiologists and surgeons, available if an emergency arises?

4. Are the newborn intensive care nurses specially-trained and certified to care for sick babies?

5. Are the families of sick babies encouraged to visit and participate in the care?

6. Are mothers encouraged to breast feed sick and premature infants, if at all possible?

7. Does the staff stress parent teaching?

8. What kind of support is available when the baby goes home?

9. Does the hospital have relationships with specialty hospitals who can provide additional medical support and consultation, if necessary?

Why Solano County Needed A New NorthBay Medical Center

The three years and \$18 million spent by the NorthBay Healthcare system to construct the new NorthBay Medical Center is a good investment in the health of the Solano community says system President Gary Passama

"The existing Fairfield hospital can no longer accommodate new medical technologies. With the many new services we provide and growth in the community, we simply need more space than is currently available," he says.

Maternity Services: More Room Needed For More Babies

When the existing NorthBay Medical Center maternity service was opened in 1977, the department delivered about 75 babies per month. Today, about 130 of Solano County's newest residents are born at NorthBay Medical Center each month. Because of the space crunch, moms and babies are frequently moved from room to room during the labor, delivery and recovery process.

The proposed new maternity service will have eight well-equipped and spacious, private rooms to accommodate the new mother, baby and the entire family throughout the labor, delivery and recovery process.

These rooms, called LDRs (for "labor," "delivery" and "recovery"), are decorated much like a bedroom, with medical equipment stored out-of-sight until it's needed. Additional



bright, airy rooms are available for mothers who need to stay longer than 24 hours before or after the birth.

Newborn Intensive Care: More technology to save young lives

The Newborn Intensive Care Unit (NICU) is one of NorthBay Medical Center's fastest growing services. Since the unit opened in 1985, the number of patient days has increased 350 percent. Last year, the NICU took over a portion of the well-baby nursery, but more space is still needed.

The new NICU comfortably accommodates 11 bassinets and the latest equipment to care for sick and premature babies. And, the unit is just a few steps away from the maternity units, so new mothers and fathers don't have far to go to be with even the sickest or smallest baby.

State-of-the-art Adult Critical Care

When the NorthBay Medical Center critical care unit was originally

built in 1977, each patient needed approximately six pieces of equipment to sustain his or her life and speed recovery. Medical technology has made amazing advancements in the last decade. Today's CCU patient uses an average of 15 pieces of life-saving equipment.

The rooms in the new CCU are 200 to 220 square feet, approximately 30 percent larger than the current CCU rooms. Power columns are away from walls, further improving staff access to patients and life-saving equipment.

The walls facing the nursing station in all rooms are glass, from floor to ceiling, giving the nursing staff a direct view of all patients. The design is bright, efficient and welcoming, which is a benefit to staff, patients and their families.

"When the new part of the hospital opens in December, NorthBay Medical Center becomes a more modern, attractive and efficient hospital that has the space and technology to meet our community's need to the year 2000 and beyond," Passama says.

DADS FEEL PAINS OF LABOR, TOO

Many fathers-to-be suffer from Couvade Syndrome, or pregnancy symptoms. Expectant fathers are twice as likely to develop unexplained nausea, vomiting, heartburn, restlessness, insomnia, constipation, backache, anxiety and depression than men whose wives are not pregnant.

The New NorthBay Medical Center: Is Phase I Only The Beginning?

The new building that opens on the NorthBay Medical Center campus in December, is only the beginning. The NorthBay Healthcare system boards of directors hope to replace all of the aging hospital over the next 10 to 15 years.

"The current hospital building can no longer accommodate new medical technologies and meet the needs of the growing upper Solano community," says NorthBay Healthcare Services President William Hawn. NorthBay Healthcare Services manages new building and service development for the NorthBay Healthcare system.

The current NorthBay Medical Center (excluding the new building) is serviced by 40 rooftop heating/cooling units rather than a central system. The rooftop system costs 30 percent more to operate, and each patient room does not have a thermostat.

The plumbing system was designed in 1977 for an 80-bed facility. The hospital's size and patient load has increased dramatically in the last 15 years and the plumbing system has proven to be inadequate and inefficient. The old hospital's electrical and emergency power systems are similarly out-of-date.

"Our goal is to re-build the hospital in three or four phases, making a more efficient hospital that can grow to meet the community's needs into the next century," Hawn says.

Groundbreaking for the next phase of the project, a structure that abuts Phase I, is scheduled for 1995. NorthBay Healthcare system physicians, staff and board members begin work this year deciding what services will go in Phase II. Hawn and his team will also work with hospital neighbors to minimize the project's impact on homes near the hospital.

"The building that opens next month is just the beginning of a new era on the NorthBay Medical Center campus," Hawn says. "More excitement is to follow."

NorthBay Medical Center Gets A New Address

There's more that's new at NorthBay Medical Center than a three story building. The hospital is also sporting a new address.

The address of NorthBay Medical Center, NorthBay Healthcare Corporation, NorthBay Healthcare Foundation and NorthBay Healthcare Services is now **1200 B. Gale Wilson Blvd.**

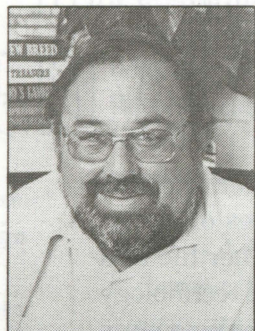
Because the front entrance of the Fairfield hospital is no longer oriented towards Pennsylvania Avenue, our address was causing some confusion. The new address is in effect immediately. However, the Post Office will continue to deliver mail to the old address, 1800 Pennsylvania Ave.

How Can You Deliver At NorthBay Medical Center? Start With An Experienced Local Doctor

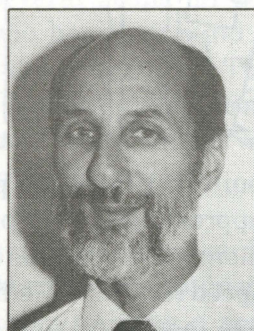
With the many childbirth options available today, it's important for women to seek out health care providers who support their wishes and share their views. The following obstetricians and family practitioners are on staff at NorthBay Medical Center:



Dr. Dasari

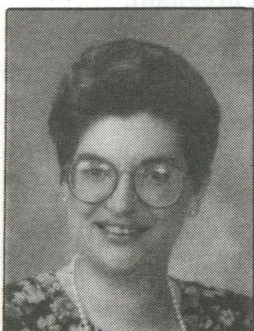


Dr. Heinrich

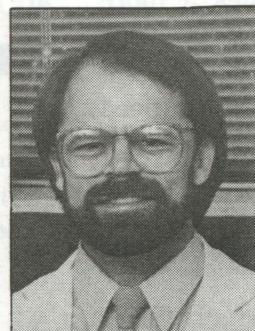


Dr. Jodein

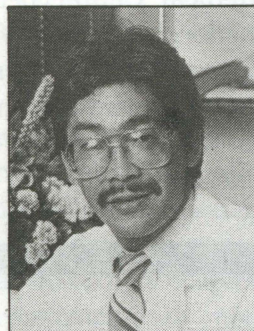
Dr. Padma Dasari specializes in family practice medicine including obstetrics and gynecology. She graduated from Raugaraya Medical College, India and completed her internship and residency at Wayne State University, Detroit, Michigan. Dr. Dasari also completed a fellowship in obstetrics and gynecology at Santa Clara Valley Medical Center. Currently a member of the American Academy of Family Practice, Dr. Dasari is board certified in family practice. Dr. Dasari speaks English and Hindi. Her practice is located at 1860 Pennsylvania Avenue, Fairfield. The phone number is (707) 428-4848.



Dr. Fillmore



Dr. Massengill



Dr. Matsumura

Dr. Kimberley E. Fillmore practices obstetrics and gynecology with the Fairfield Medical Group. Dr. Fillmore graduated from Oral Roberts School of Medicine, Tulsa, Oklahoma. She completed her internship and residency at the University of Missouri at Kansas City School of Medicine. Dr. Fillmore is a Junior Fellow of the American College of Obstetrics and Gynecology. Her practice is located at 1234 Empire Street in Fairfield. The office phone number is (707) 426-3911.

Dr. David R. Gilliam, a graduate of University of Oklahoma Medical School, specializes in family practice medicine including obstetrics and gynecology. Dr. Gilliam completed his internship and residency at Kaiser Permanente Medical Center, Sacramento, and has practiced in Solano County since 1979. His office is located at 1860 Pennsylvania Avenue, Suite 240 in Fairfield.

The phone number is (707) 428-4878.

Dr. James C. Heinrich specializes in obstetrics and gynecology and is board certified in that area. He graduated from Loma Linda University Medical School, Loma Linda, California. Dr. Heinrich completed his internship at Mercy Hospital in San Diego, California and his residency at Kaiser Permanente in Oakland, California. He speaks English, Spanish and German and has practiced in Solano County since 1975. He practices at 1860 Pennsylvania Avenue, Suite 120, in Fairfield. The office phone number is (707) 427-5007. His Vacaville address is 1010 Nut Tree Road, Suite 290, and the office number is (707) 446-4300.

Dr. Douglas Jodein practices family medicine including obstetrics and gynecology. A graduate of Rutgers University Medical School in New Jersey, he completed an internship and residency at the University of California at Los Angeles Medical Center. Dr. Jodein has been in private practice in Fairfield since 1984. His office is located in the Solano Diagnostic Building, 1101 B. Gale Wilson Blvd, in Fairfield. The phone number is 429-9556.

Dr. Kevin Massengill practices obstetrics and gynecology in Fairfield. He graduated from the University of Tennessee Medical School in Memphis. Dr. Massengill completed his internship at St. Luke's Hospital, Cleveland, Ohio and his residency at Aultman Hospital, Canton, Ohio and the University of Massachusetts in Worcester. He has been in private practice in Fairfield since 1989 and is board certified. He speaks English and German. Dr. Massengill's practice is located at 1860 Pennsylvania Avenue, Suite 120 in Fairfield. The phone number is (707) 427-5007. His Vacaville address is 1010 Nut Tree Road, Suite 290, and the office phone number is (707) 446-4300.

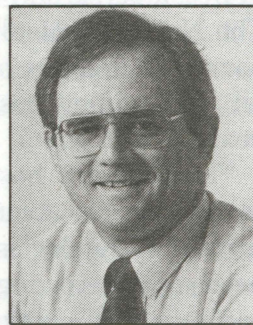
Dr. Gary A. Matsumura specializes in obstetrics and gynecology at the Fairfield Medical Group and is board certified. He graduated from Loma Linda University Medical School, Loma Linda, California. Dr. Matsumura completed his residency at White Memorial Medical Center, Los Angeles. He

speaks English and some Spanish and has practiced in Solano County since 1982. His practice is located at 1234 Empire Street, Fairfield. The phone number is (707) 426-3911.

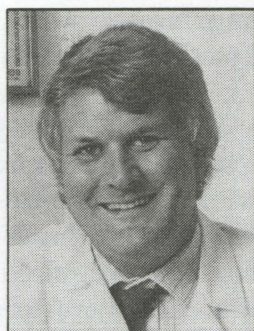
Dr. Carmela Saavedra specializes in family practice medicine including obstetrics. She graduated from University of California, Davis School of Medicine where she also completed her internship and residency. Dr. Saavedra speaks English and Spanish. Her practice is located at 601 Buck Avenue, Vacaville. The phone number is (707) 448-7188.

Dr. Samuel J. Santoro specializes in obstetrics and gynecology at the Fairfield Medical Group. He graduated from Chicago Osteopathic Medical School. He completed his residency at David Grant Medical Center, Travis Air Force Base, California. Dr. Santoro has practiced in Solano County since 1987. He is a member of the California Medical Association, is board certified in obstetrics and gynecology and is a fellow of the American College of Obstetrics and Gynecology. Dr. Santoro's practice is located at 1234 Empire Street in Fairfield. The phone number is (707) 426-3911.

Dr. Donovan Shively specializes in obstetrics and gynecology. He graduated from Loma Linda University in Loma Linda, California. Dr. Shively completed his internship at Mercy Hospital in San Diego, CA and his residency at Kaiser Permanente Medical Center, Oakland. He has been in private practice in Solano County since 1977. Dr. Shively is a member of the San Francisco Obstetrics and Gynecology Society, a fellow of the American College of Obstetrics and Gynecology, and is board certified in obstetrics and gynecology. His practice is located at 1860 Pennsylvania Avenue, Suite 120 in Fairfield. The office phone number is (707) 427-5007. His Vacaville address is 1010 Nut Tree Road, Suite 290, and the office phone number is (707) 446-4300. ■



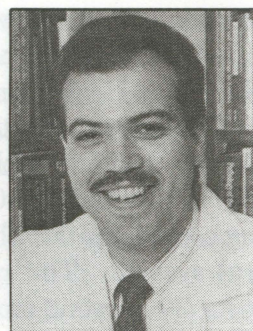
Dr. Shively



Dr. Gilliam



Dr. Saavedra



Dr. Santoro

Healthy Classes For Winter

FOR REGISTRATION AND ADDITIONAL CLASS INFORMATION, call the Community Information Line at 429-7979. Early registration is important.

Class fees must be paid one week prior to the class to guarantee enrollment.

CONTINUING

Grief & Bereavement Support Group

This support group is for people who are grieving the death of a loved one. **Meetings are every Thursday evening, 7 to 8:30 p.m.**, in eight-week segments. Please call 429-7758 for more information.

SAND Support Group

SAND (Support After Neonatal Death) is a support group offering friendship and understanding to parents experiencing grief over the loss of a pregnancy or infant. **Meetings are the second Thursday and fourth Wednesday of each month from 7 to 9 p.m.** For information call the SAND telephone line at 429-6996 or Mary Dickey at 429-7945.

Compassionate Friends

This support group is for parents and siblings who are grieving the loss of a child. **Meetings are the first Thursday of each month from 7 to 9 p.m.** For information, please call Mary Dickey at 429-7945 or Lynn Bogart at 429-1615.

Community CPR

"CPR" is a day-long seminar which teaches people age 14 and older the basics of cardiopulmonary resuscitation. The seminar is conducted twice monthly. Because this is a very popular class, the **fee must be paid at time of registration. Participants must also pick up their CPR course book and study it before the class begins.** Fee: \$15. For dates and times, please call the Community Information Line.

Primera Orientacion Y Tour Para Mujeres Esperando Nino

Estos servicios o clases son para las mujeres que estan esperando nino y que estan en el octavo mes de embarazo y planean tener el nino en Centro Medico NorthBay. Se les recomienda a las mujeres que animen a sus esposos a asistir con ellas a las clases o si no a aluguien de su confianza. La orientacion y el tour de el centro medico es el segundo domingo de cada mes a las tres de la tarde.

Labor of Love

Labor of Love is a six-part, prepared child birth class. Breathing and relaxation techniques are the course focus. Other topics include the support person's role, parent-infant bonding, breastfeeding, post-partum adjustments and hospital procedures. Classes are at NorthBay Medical Center and VacaValley Hospital. Please call the Community Information Line for times and dates. Fee: \$55 per couple.

Labor of Love in Review

Fetal growth in the final trimester, the labor process and post-partum care are some of the topics covered. This three-part class is recommended to parents in the last three months of pregnancy who completed a child birth course in a previous pregnancy. The class series will begin on **Wednesdays, December 9, January 13, and February 10, 7 to 9 p.m.** at NorthBay Medical Center Annex Conference Rooms 1 & 2. Fee: \$15 per couple.

The Art of Breastfeeding

Are you pregnant and plan to breastfeed? Are you currently breastfeeding your baby? This informational class gives tips to make breastfeeding an enjoyable experience for both you and your baby. Support persons are welcome. This class is offered on **Wednesdays, December 2 and January 6, 6:30 to 9 p.m.** at NorthBay Medical Center. Fee: \$10 per person or couple.

CPR For Parents

"CPR For Parents" is a hands-on class which teaches parents basic cardiopulmonary resuscitation for infants and young children. This is an American Heart Association Basic Life Support course. "CPR For Parents" will be conducted on **Thursdays, December 17, January 21 and February 18, at NorthBay Medical Center.** This is a very popular class. **Fee must be paid at time of registration. Participants must also pick up their CPR course book and study it before the class begins.** Fee: \$10 per person or couple.

First Aid For Parents

Kids are born daredevils, and parents sometimes feel like paramedics treating all their bumps, cuts and bruises. Learn how to handle everything from little emergencies to life threatening injuries at this informative, two-hour class. **Thursday, January 28, at NorthBay Medical Center.** Fee: \$10 per person or couple.

Newborn & Infant Care

Learn about caring for your newborn. The class includes developmental milestones, nutrition and safety issues for babies through the first six months of life. Classes are offered for expectant parents and those with infants. **Thursdays, December 10, January 14 and February 11, 7 to 9 p.m.** Fee: \$10 per person or couple.

PARENTING CLASSES

Early Pregnancy

Nutrition, prenatal growth and development during the first four months of pregnancy will be the topics of discussion. This quarter, the class will be offered on **Wednesdays, December 2 and February 3, 6:30 to 8:30 p.m.** at NorthBay Medical Center in Annex Conference Rooms 1 & 2. Fee: \$10 per couple.

Maternity Orientation & Tour

This is a presentation and tour to answer questions and assist future mothers in having a smooth transition into the hospital setting. All are welcome, from the expectant mother and her support person to those who wish to who want more information on having a baby at NorthBay Medical Center. The Orientation & Tour is offered twice each month. Please call the Community Information Line for times and dates. Free.

C-Section Preparation

"C-Section Preparation" is for parents who anticipate the need for Cesarean section delivery, as well as those who would like information about the procedure in the event it does become necessary during labor. Please call the Community Information Line for times and dates. NorthBay Medical Center Annex Conference Rooms 1 & 2. Fee: \$10 per couple.

Siblings

"Siblings" is a fun way for children to explore what it's like to have a new baby in their homes. This class provides information about new babies and the role of being a brother or sister. It is recommended for children age nine and younger. Classes are offered on **Fridays, December 18, January 15 and February 19, 3:30 to 5:30 p.m.** NorthBay Medical Center, Annex Conference Rooms 1 & 2. Fee: \$10 for parent and child.

Neonatal Nursing

Continued From Page 7

on the other two. Dr. Bell stood in the middle like a conductor, giving us all instructions. It was wonderful."

Today, those three two-pound babies are described by Honsinger as fat and happy toddlers. "Sometimes I see them with their parents at the mall. It feels great to see the triplets so healthy and know that I had a part in that."

Honsinger had the opportunity to compare the quality of the NorthBay Medical Center Newborn Intensive Care Unit with "the big city unit" last year when she accepted a position at a large, Sacramento hospital.

"I really thought I was 'going to the big leagues,' a larger hospital with smaller and sicker babies. What I found was the clinical care they provided really didn't surpass what we do here in Fairfield, and our level of fam-

ily care' is superior," she says. Within five months, Honsinger was back at NorthBay Medical Center.

What Honsinger missed most during her stint in Sacramento was contact with parents. "In Sacramento, the philosophy was to simply to treat the baby's illness," she says. At NorthBay Medical Center, we treat the baby as an individual with a distinctive personality, with distinctive needs, and as part of a distinct family."

For example, mothers of even the sickest or smallest babies are encouraged to touch, to hold and even breast feed their babies whenever possible, something that rarely happens in larger units.

"When we take care of a baby at NorthBay Medical Center, we always remember that this is a human being,

not a case," Honsinger says. That's why her contact with parents involves a lot of teaching and personal support.

"Most parents envision a happy, healthy family throughout the pregnancy. Moms and Dads are overwhelmed the first time they see their baby hooked to wires and tubes and surrounded by equipment," she says.

Honsinger recalls one mother who cried uncontrollably the first time she saw her three-pound son. "She was scared, so sure this baby she loved was going to die. I put my arm around her and slowly explained everything we were going to do to make sure her baby left here healthy."

Then, Honsinger helped Mom hold her baby for the first time. "The look of love and relief on Mom's face is something I'll never forget." ■



Volume II

Wellspring



NORTH BAY™



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Wellspring

MaryAnn Myers
Photography

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